

CERTIFICATE OF NON-AVAILABILITY OF STATE VEHICLE

DATE: _____

REGION/DISTRICT: _____

DIVISION: _____

EMPLOYEE NAME: _____

TRIP DESTINATION: _____

You are advised that no state-owned vehicle is reasonably available and/or adequate to meet your travel requirements.

The period of non-availability will cover:

Beginning Date: _____

Time: _____

Ending Date: _____

Time: _____

Transportation

Coordinator Signature: _____

Date: _____

EMPLOYEE SIGNATURE: _____

Date: _____

☐ Special permission is requested to use my personal vehicle for the reason listed below.
(Approval must be obtained from the appropriate Facility Administrator, District Director, or Associate State Director -Administration or Director-Procurement)

JUSTIFICATION:

Employee Signature: _____

Date: _____

APPROVED: _____

Date: _____

Facility Administrator, District Director, Associate State Director-Administration or Director-Procurement